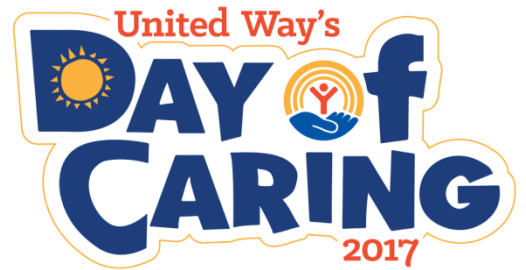


Day of Caring Team Form



Please type or print legibly.

CONTACT INFORMATION

Company Name: _____

Company Address: _____

Company Coordinator Name (on-site day of): _____

Company Coordinator Phone (on-site day of): _____

Company Coordinator Email Address (on-site day of): _____

Authorized Representative Name: _____

Authorized Representative Signature: _____

TEAM DESCRIPTION (Items a-d)

Please be specific when describing your team's abilities and preferences. Use a separate sheet as needed.

**Complete one form for each team. Multiple teams are allowed. Limit each team to 15 volunteers or less.*

SIZE OF YOUR TEAM

(a) Number of volunteers on this team: _____

TYPE OF PROJECT

(b) Check your preferences for the following types of projects.

Project Location Preference: Indoors Outdoors

Project Type Preference: Work Day Day with clients Where the need is!
(Limited availability)

PREFERRED AGENCY (We cannot guarantee who you will be paired with but will do our best to meet your preference.)

(c) Agency Preference: _____

SUPPLIES

(d) Please indicate if your company can be paired with an agency that is in need of supplies. (work gloves, paint rollers, paint, hand shovels, etc.)

Yes, we can help. Up to \$100 Up to \$250 \$Up to \$500

Please pair us with an agency that does not need additional supplies.

PROJECT LENGTH

Projects last approximately two hours, beginning at 10:00 a.m. and ending by 12:00 p.m.

** Forms need to be returned to Jennifer Horton by April 19th
via email volunteer@unitedwaynwla.org or by fax (318) 221-1283.*

